



Check Donations Mail-in Form

Donation Details

Ensure that all checks have been made payable to Boston Children's Hospital. Please do not enclose cash donations.

Enclosed are _____ checks totaling: \$ _____

Your Information:

Your Name: _____

Participant Name: _____

Additional Details:

Do you have any information to share with Boston Children's Hospital Trust staff?

Please mail this form and your donation to:

Boston Children's Hospital Trust
Attn: Gift Services
401 Park Drive, Suite 602
Boston, MA 02215

*Thank you for giving!
Please note that donations made by check may take 5-7 business days to appear in your fundraising totals.*